

<b>PATENT - POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>		Patent Number <b>7,654,989</b>	
		Issue Date <b>February 2, 2010</b>	
		First Named Inventor <b>Edward P. Ingenito</b>	
		Title <b>TISSUE VOLUME REDUCTION</b>	
		Attorney Docket No. <b>ATX-011.04</b>	

I hereby revoke all previous powers of attorney given in the above-identified patent.

☐ A Power of Attorney is submitted herewith.  
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I am the:

☐ Inventor, having ownership of the patent.  
OR

☒ Patent owner.  
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_\_

**SIGNATURE of Inventor or Patent Owner**

Signature <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px; vertical-align: middle;"></span>	Date <b>July 13, 2011</b>
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Title and Company <b>CEO, Aris Therapeutics, LLC</b>	

NOTE: Signatures of all the inventor or patent owners of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 1 forms are submitted.